

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

** Complete only if "Report Type" on page 1 is marked "Final Report" **

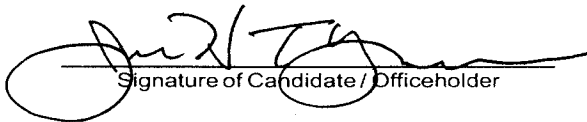
1 C/OH NAME

JSH H. Thompson

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below *only* if you are a candidate **

A. CAMPAIGN FUNDS

Check only one:

☒ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☒ I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.



Signature of Candidate

5 OFFICEHOLDER

** Complete this section *only* if you are an officeholder **
☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

Signature of Officeholder

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2003 JUN 25 AM 11:05

2003 JUN 25 AM 11:04

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

See backside for instructions

1 ACCOUNT #		2 Total pages filed:	
3 CANDIDATE/ OFFICEHOLDER NAME	TITLE <i>MR.</i> FIRST <i>JOH</i> MI <i>H</i>	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Legal Totals Date Processed Date Imaged	
	NICKNAME LAST <i>THOMPSON</i> SUFFIX		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input checked="" type="checkbox"/> Final report		
	5 ORIGINAL PERIOD COVERED Month Day Year Month Day Year <i>4 / 24 / 2003</i> THROUGH <i>6 / 2 / 2003</i>		
6 EXPLANATION OF CORRECTION			
CORRECTING ORIGINAL FORM C/SK-FR, WHICH INADVERTENTLY LEFT OFF A SIGNATURE,			

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty of perjury, that I did not intend to violate a reporting requirement when I filed the original report.

Jon Thompson
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP/ SEAL ABOVE

Sworn to and subscribed before me by *Jon Thompson* this the *25th* day of *June*, 20 *03*.

to certify which, witness my hand and seal of office.

Melinda S. Lopez *Melinda S. Lopez* *Notary*
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**



CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

03 JUL 2 2003

2 Total pages filed:

8

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE

FIRST

M

NICKNAME

LAST

SUFFIX

THOMPSON

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

215 E. PARK AVE

SAN ANTONIO, TX. 78212

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN
TREASURER
NAME

TITLE

FIRST

M

NICKNAME

LAST

SUFFIX

MS.

ADELA

M

MARTINEZ.

Receipt \$

Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

410 FLORIDA ST.

SAN ANTONIO, TX. 78212

7 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210)

532-4562

8 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign treasurer appointment (officeholder only)

☐

July 15

☐

6th day before election

☐

Exceeded \$500 limit

☒

Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month

Day

Year

THROUGH

Month

Day

Year

04 / 24 / 2003

06 / 02 / 2003

10 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

05 / 03 / 2003

☐ Primary

☐ Runoff

☒ General

☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE BOUGHT (if known)

CITY COUNCIL, DISTRICT 1

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

N/A.

Address / PO Box: Apt. / Suite #: City: State: Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

RECEIVED
CITY CLERK
SAN ANTONIO

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

John H. Thompson

15 ACCOUNT # (If from Campaign Fund)

16 NOTICE FROM POLITICAL COMMITTEE(S)

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

1000.⁰⁰/₂

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

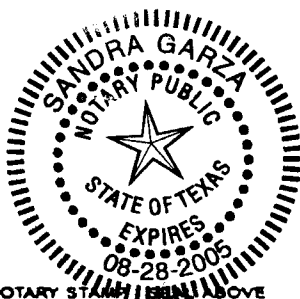
2,405.⁶⁰

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



AFFIX NOTARY SEAL HERE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said

John H. Thompson, this the 16th day

of June, 2003, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Sandra Garza
Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**CITY OF SAN ANTONIO
CITY CLERK**

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

03 JUN 16 AM 11:13

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

1 OF 2

2 FILER NAME

Jon H. Thompson

3 ACCOUNT # (Ethics Commission filers)

4 Date

April

5 Full name of contributor

☐ out-of-state PAC (ID#)

ENRIQUE VALDIVIA

7 Amount of
contribution (\$)

100.⁰⁰/₂

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

530 Donaldson
San Antonio, TX 78201

9 Principal occupation (Optional)

10 Employer (Optional)

Date

April

25, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

LOVO. C. CORTEZ

Contributor address; City; State; Zip Code

PO Box 40274
San Antonio, TX 78229

Amount of
contribution (\$)

10.⁰⁰/₂

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

April

30, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

Jessie N M. SIMPSON

Contributor address; City; State; Zip Code

241 KING WILLIAM
San Antonio TX 78204

Amount of
contribution (\$)

500.⁰⁰/₂

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

MAY

3, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

CINDY ANN PALMER

Contributor address; City; State; Zip Code

15206 EAGLE GROVE
San Antonio, TX 78232

Amount of
contribution (\$)

25.⁰⁰/₂

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

MAY

3, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

Paul Lewis KHOSHBIN

Contributor address; City; State; Zip Code

3402 N. NEW BRAUNFELS #1
San Antonio, TX 78209

Amount of
contribution (\$)

15.⁰⁰/₂

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

03 JUN 16 AM 11:13

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 OF 2

2 FILER NAME

Jon H. Thompson

3 ACCOUNT # (Ethics Commission filers)

4 Date

MAY
4, 2003

5 Full name of contributor

☐ out-of-state PAC (ID#)

MORGAN PRICE

7 Amount of
contribution (\$)250.⁰⁰/₂8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

227 Pershing
SAN ANTONIO, TX. 78209

9 Principal occupation (Optional)

10 Employer (Optional)

Date

MAY,
5, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

EVA GONZALES

Amount of
contribution (\$)100.⁰⁰/₂In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

SAN ANTONIO, TX

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL EXPENDITURES

SCHEDULE F

03 JUN 16 AM 11:13

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F

1 OF 2

2 FILER NAME

JON H. THOMPSON

3 ACCOUNT # (Ethics Commission filers)

4 Date

April
30, 2003

5 Payee name

ALTMAN DIRECT MARKETING.

7 Amount
(\$)

246.49

6 Payee address; City; State; Zip Code

4263 Gate Creek
SAN ANTONIO, TX. 78217.

8 Purpose of payment (See instructions regarding type of information required.)

MAILING

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

April
29, 2003

Payee name

Leticia VELA.

Amount
(\$)800.⁰⁰/₂

Payee address; City; State; Zip Code

615 W. LINWOOD
SAN ANTONIO, TX. 78212.

Purpose of payment (See instructions regarding type of information required.)

CONTRACT LABOR

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

April
29, 2003

Payee name

THE Southwell Co.

Amount
(\$)56.¹⁰/₂

Payee address; City; State; Zip Code

928 N. ALAMO
SAN ANTONIO, TX. 78291.

Purpose of payment (See instructions regarding type of information required.)

Rubber Stamp.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

April
30, 2003

Payee name

OFFICE MAX

Amount
(\$)39.⁹⁸/₂

Payee address; City; State; Zip Code

SAN ANTONIO, TX.

Purpose of payment (See instructions regarding type of information required.)

COPIES

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

03 JUN 16 AM 11:13

1 Total pages Schedule G:

1 OF 1

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

APRIL
29,
2003.

5 Payee name

ACE BOLT + SCREW CO.

6 Payee address; City; State; Zip Code

200 BROOKLYN AVE
SAN ANTONIO, TEXAS 78215.

8 Amount (\$)

26.23

7 Purpose of expenditure (See instructions regarding type of information required.)

MISCELLANEOUS.

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

03 JUN 16 AM 11:13

1 Total pages Schedule F:

2 OF 2

2 FILER NAME

JON H. THOMPSON.

3 ACCOUNT # (Ethics Commission filers)

4 Date

MAY,
2, 2003

5 Payee name

KATHLEEN TRENCHARD.

7 Amount
(\$)

89.40

6 Payee address; City; State; Zip Code

215 E. PARK AVE
SAN ANTONIO, TX. 78212.

8 Purpose of payment (See instructions regarding type of information required.)

Reimbursement - FUNDRAISER
EVENT.9 .. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

JUNE
2, 2003

Payee name

JON H. THOMPSON.

Amount
(\$)

1,147.40

Payee address; City; State; Zip Code

215 E. PARK AVE
SAN ANTONIO, TX 78212

Purpose of payment (See instructions regarding type of information required.)

REIMBURSEMENT -

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

03 JUN 16 AM 11:13

The Instruction Guide explains how to complete this form.

.. Complete only if "Report Type" on page 1 is marked "Final Report" ..

1 C/OH NAME

JON H. THOMPSON.

2 ACCOUNT # (Ethics Commission filers)**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

X

Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER**.. Complete A & B below *only* if you are a candidate ..**A. CAMPAIGN FUNDS**

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

X

Signature of Candidate**5 OFFICEHOLDER**.. Complete this section *only* if you are an officeholder ..

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

Signature of Officeholder